

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr G		9/19/00
O.I.P.E. CLASSIFIER	19W	32	9/28
FORMALITY REVIEW	SM	SC 864	10-23-00
RESPONSE FORMALITY REVIEW	HA	852	03-27-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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DECT AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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